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Suite 312
FAIRFAX, VA
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KEATING & BENNETT LLP

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To: Examiner Budd

From: Christopher A. Bennett

Fax: 703-872-9319

Date: December 4, 2002

Phone: 703-308-3929

Pages: 5

Re: 09/917,993

CC:

•Comments:

Examiner Budd,

Please find attached the following documents for U.S. Application No. 09/917,993:

- A Request for Continued Examination (RCE);
- A Credit Card Form in the amount of \$740.00;
- A Petition for 1-month Extension of Time; and
- A Credit Card Form in the amount of \$110.00.

Respectfully submitted,



Christopher A. Bennett
for
KEATING & BENNETT, LLP
(Reg. No. 46,710)

PTO-2038 (02-2000)
Approved for use through 01/31/2003, OMB 0651-0043
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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UNITED STATES PATENT & TRADEMARK OFFICE
Credit Card Payment Form
Please Read Instructions before Completing this Form

Credit Card Information

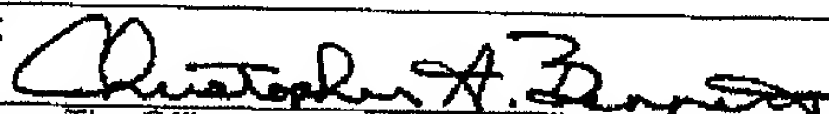
Credit Card Type: Visa Master Card ☒ American Express Discover

Credit Card Account #: 3715 318560 12013

Credit Card Expiration Date: 05/2002004

Name as it Appears on Credit Card: Christopher A. Bennett

Payment Amount: \$ (US Dollars): \$110.00

Signature: 

Date: December 4, 2002

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

Service Charge: There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21 (m)).

Credit Card Billing Address

Street Address1: 10400 Eaton Place

Street Address2: Suite 312

City: Fairfax

State: VA

Zip/Postal Code: 22030

Country: U.S.A.

Daytime Phone #: (703) 385-5200

Fax #: (703) 385-5080

Request and Payment Information

Description of Request and Payment Information:

Petition Fee for One-Month Extension of Time

Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 09/917,993	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. 36856.521		Identify or Describe Mark	

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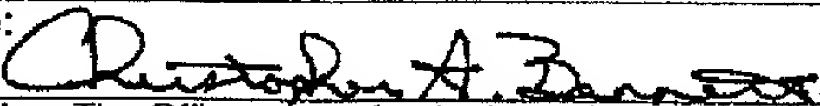
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Credit Card Information			
Credit Card Type:	Visa	Master Card	<input checked="" type="checkbox"/> American Express Discover
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Credit Card Expiration Date: 05/2002004			
Name as it Appears on Credit Card: Christopher A. Bennett			
Payment Amount: \$ (US Dollars): \$740.00			
Signature: 		Date: December 4, 2002	
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City: Fairfax			
State: VA		Zip/Postal Code: 22030	
Country: U.S.A.			
Daytime Phone #: (703) 385-5200		Fax #: (703) 385-5080	
Request and Payment Information			
Description of Request and Payment Information:			
Request For Continued Examination (RCE)			
Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 09/917,993	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. 36856.521		Identify or Describe Mark	

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